

# **Environmental Public Health Indicators: A (somewhat) Modest Proposal**

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The views expressed during this presentation are solely those of the authors and do not necessarily represent the views of their respective organizations, honest.

# Goal of this session

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Develop consensus regarding the process to develop 'national' 'priority' environmental public health indicators (EPHI).

Today, we are discussing the **PROCESS** to move forward; **NOT** the substantive issues.

# Where we've been

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- CDC/CSTE EPHI effort - conceptual
- Indicator activity in RFP
- Introduction to EPHI uses, examples, data sources (Kick-off mtg, Atlanta, Feb 2003)
- Discussion of indicator activity (EPHTN Workshop, Chicago, July 2003)
- Pre-conference workshop on EPHIs (CSTE Annual Meeting, Boise, June 2004)
- Western states' meeting discussion (Seattle, July 2004)

# What do we mean by ‘indicators’?

“Indicators are a construct of public health surveillance that define a specific measure of health or risk status (or determinants of health) among a specific population.”

“Surveillance indicators allow a state to compare its health or risk status with that of other states and evaluate trends over time within the state, and guide priorities for prevention and intervention efforts.”

-- CSTE, 2003 “Occupational Health...Indicators, Results from Pilot Project

# How have others done this?

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# Occupational Health Indicators

- NIOSH funding
- CSTE coordination and support
- States did the work (developing, testing, producing)
  - SOSC core states lead, other funded and unfunded states participated
- Identified criteria, listed and prioritized indicators
- Piloted indicators and generated how-to documents
- Developed products
  - Indicator document & How-to guide (continual refinement)
  - Published results
- OHI now required for NIOSH funding of surveillance

# Chronic Disease Indicators

- CDC funded
- CSTE coordinated with Chronic Disease Directors to develop first 73 (now 92)
- Majority of data are produced centrally (CDC) and distributed to state programs
- Indicators have been used
  - Publish national and some state data
  - Develop state surveillance system(s)
  - Assess state progress, inform local planning

# Other Indicators

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- Injury – Lead by national program directors (STIPDA) with CDC support and CSTE assistance, went from 12 to 26 states (2001 to 2004)
- EPA – Began with national level indicators, currently moving to regional (EPHT people are participating)



# How shall we do it?

## A modest proposal

Goal: develop and implement a (finite) set of ‘national’ priority environmental health indicators within a reasonable timeframe.

Address NEPHT Goals:

#1 Nationally Sustainable

#2 Build Capacity

#3 Disseminate Credible Information

#4 Advance Science & Research

#5 Address the Public Health-Environment Gap

# Factors to consider

- Cost/value of process
- Leadership/driving force/decision making
- Value of products (need for comparability)
- Capacity building
- Sustainability
- Need to produce early successes

*It must be simple, useful, practical and have scientific validity.*

(Dr. Judy Qualters, 2<sup>nd</sup> Annual Environmental Public Health Tracking Network Workshop. San Francisco, October 12, 2004)

# Envisioned EPHI Development Process

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Finalize criteria for selecting indicators



Evaluate candidate indicators



Select priority/feasible indicators



Develop definitions and guidance documents



Generate and present measures

# EPHI Collaborators/Harmonizing

- EPHT states and cities
- COE
- CDC
- CSTE
- EPA
- Other EPHT partners
- Other work on environmental and other indicators

“Coalition of the willing” (to work)

# Some Thoughts on EPHI & EPHT

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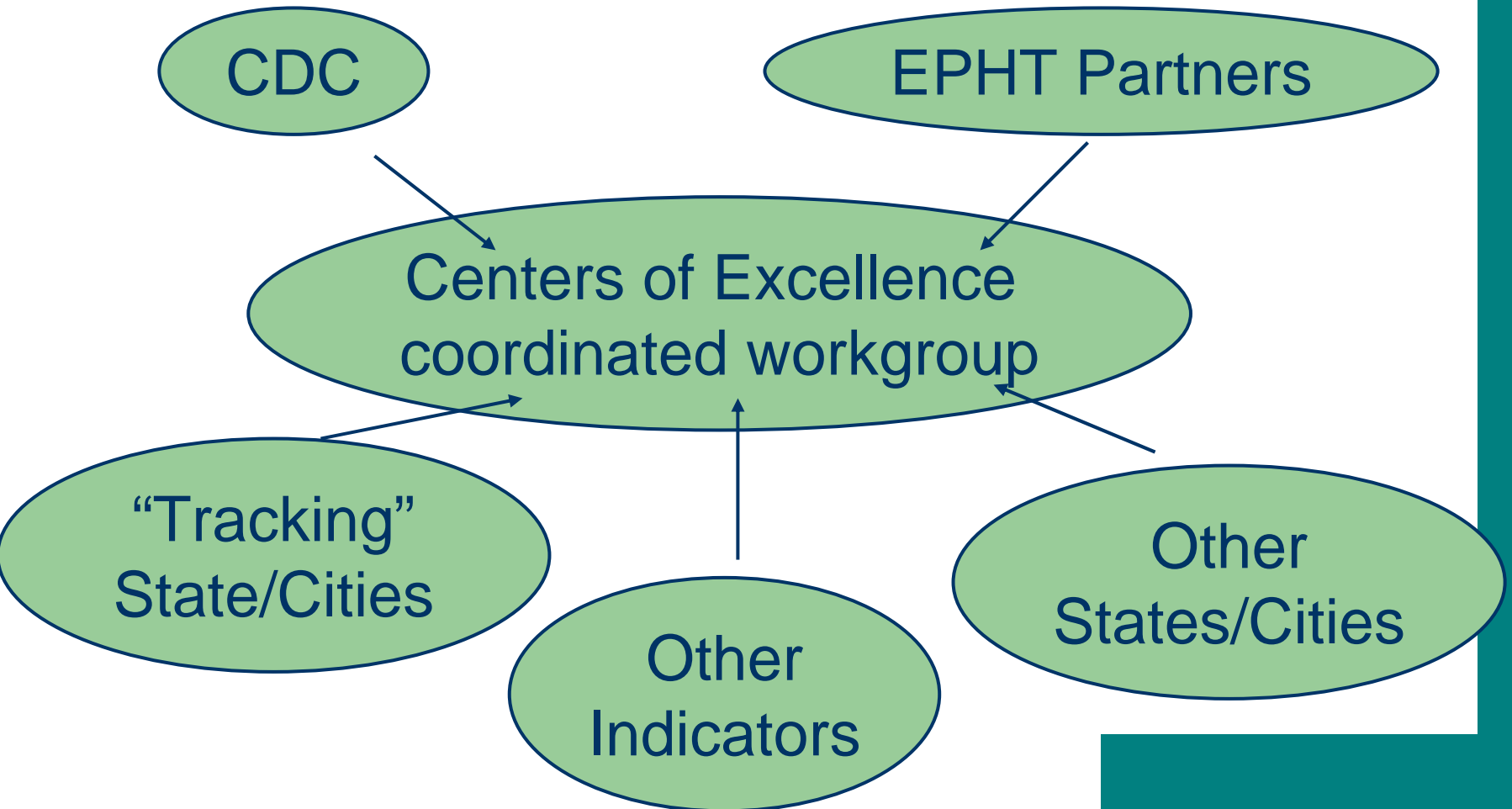
EPHI is NOT an effort to define the “network”

EPHT funded states/cities are logical leaders in further development of EPHI

Other states and cities should also be able to generate these measures

Provide a general picture of environmental health for each state and comparable data

# Proposed EPHI Development Structure



# Occupational Health Indicators Criteria

- Availability of easily obtainable data across states (cities)\*
- Public health importance\*
- Potential for intervention

\*Chronic disease indicator criteria

# Issues in Occ Indicator Process

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- Discrepancies between states' data
- Comparing state data (presentation)
- Product review
- Indicator development timeline
- Responsibility & commitment to consensus
- Organization and leadership



# Let's talk.....

